PTO/SIB///6 (08-00)

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U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD - - . . CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY 'OR SMALL ENTITY (Column I) FOR NUMBER FILED NUMBER EXTRA FEE T. RATE FEE: BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR INDEPENDENT CLAIMS minus 3 = OR-MULTIPLE DEPENDENT CLAIM PRESENT OR . If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) SMALL ENTITY (Calumn 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER** AMENDMENT **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OŔ Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI::: മ REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Minus OŔ Independent Minus M) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ()16(8)) OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) = Minus

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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Independent (37 CFR 1.16(b))

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Minus

(37 CFR 1.16(d))

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OR

OR

OR

TOTAL

ADDIT FEE

TOTAL

ADDIT, FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, IDC 20231. INO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, IDC 20231.